

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Dill. D D	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	2017 Ending Date: $12/31/2017$
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election 1 year-end report dissolution
Candidate Full Name (if applicable)	GOODICK Committee
While 4 City Com Cil	Committee Name
Office Sought and District	Name of Committee Treasurer
10 Deg tavn RA. Glan, MA 01930	10 Dojtaun Rd, GIDn, MA 01930 Committee Mailing Address
V Residential Address	Committee Mailing Address
E-mail: Kgovdick & hotmail.com	E-mail: Kestersma Dyahoo.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	128.57
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	128.57
Line 4: Total expenditures this period (page 5, line	14) /28.57
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	:6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Santana	fer Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in accommittee in accommittee to the penalties of perjury:	tributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box o	
Candidate with Committee and no activity independent of the committee Certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in accommodured any liabilities nor made any expenditures on my behalf during this reporting pe	st of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee OR Candidate with independent activity filing separ I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this considered under the penalties of perjury:	st of my knowledge and belief, a true and complete statement of all campaign

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)		
			(
		L			
			*		
ne 9: Total Receir	ots over \$50 (or listed above)				
ne 10: Total Recei	pts \$50 and under* (not listed above)				
e 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2		
	receipts of \$50 and under include them in line		Ziner on page 1, time 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ne 9: Total Receipt	ts over \$50 (or listed above)		
ne 10: Total Receip	ats \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	0	Enter on page 1, line 2 include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	r committee name and a page number on each page.)			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1/15/18	Shriners Husp.	51 Blossomst.	λ		
/ / /		Boston, MA 02114	Donatin	128.57	
			į.		
	ı				
	,				
		Line 12: Total Expenditures ove	er \$50 (or listed above)		
Line 13: Total Expenditures \$50 and under* (not listed above)					
		Line 14: TOTAL EXPENDITU		128.57	
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures are its include them in line 12.					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				<u></u>
				L
		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 and	d under* (not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			,	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	